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LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER III.

GENTLEMEN,—After the historic view, doubtless very incomplete, which I have just presented to you, it remains for me to lay before you the materials which are to serve us in describing displacements of the uterus.

It was in 1849 that Professor Simpson's treatise became known in France, and it was then only that I commenced to occupy myself actively with displacements of the womb. Since then I have been able to bring together 68 cases, for the most part complete, of divers displacements; and it is principally upon what I have myself seen that I shall found my description of these diseases. But, before proceeding to these details, I must endeavor to make you familiar with the exact and methodical exploration of the uterus, without which you would have difficulty in following the descriptions I shall present to you. Before speaking, also, of the uterus in the state of displacement, it is evidently necessary to establish what is its normal state.

EXPLORATION OF THE UTERUS.

*The Uterus in the Normal State.*—You will easily comprehend, gentlemen, that we need hardly occupy ourselves, here, with any other points than the situation, direction and volume of this organ, together with the normal state of its cavity. As to the intimate structure of its tissue—the presence or absence of a mucous membrane—the origin and mode of distribution of its vessels and nerves—these, relatively to the subject of which we are treating, are but secondary questions, for the elucidation of which your previous anatomical knowledge must suffice.

*Situation.*—The uterus, situated in the cavity of the pelvis, is, so to speak, suspended between the bladder and the rectum, the two folds of peritoneum known by the name of the *broad ligaments* expanding from its sides. Its cervix forms a projection into the vagina below it, and its fundus or superior surface is situated beneath the intestinal convolutions (which surround it on all sides, and tend to glide in front, between the uterus and bladder, or behind, between the uterus and rectum), in such a manner that the organ is interposed between the intestines and the finger introduced into the vagina.

**Direction.**—Its direction is that of the axis of the brim, whilst the vagina follows that of the outlet. Now, you very well know that the axis of the brim being directed obliquely downward and backward, and that of the outlet being also oblique, but directed upward and backward, there results from the intersection of these two axes an obtuse angle, the sides of which diverge anteriorly. The axes, then, of the uterus and vagina intersect each other at the same angle.

**Surrounding Tissues.**—The fundus of the uterus is covered by the peritoneum, which spreads out from the sides to form the broad ligaments, and is reflected upon the bladder in front and upon the rectum behind. Between the lower portion of the uterus and the rectum, beneath the fold or *cul-de-sac* formed by the peritoneum, and above the posterior *cul-de-sac* of the vagina, there is a space occupied by cellular tissue of an extremely delicate character, and liable, in consequence of inflammation, to be the seat of the tumors about which I have several times discoursed to you, and which, on a superficial examination, might be mistaken for the body of the uterus felt from behind. This, then, is a point very important to notice.

**Dimensions.**—Although I have taken the dimensions upon several subjects, my researches have not been made upon a sufficient number, to enable me at present to substitute my mensuration for that given in the books. The uterus is generally described as from 7—8 centimetres in length, and in breadth from 3—4 centimetres in its widest part. In virgins, according to Müller, the total length is from 5—6 centimetres, the breadth 32 millimetres, and the length of the cervix 18 millimetres.

**Cavities.**—The uterus presents for our consideration two cavities communicating with each other. *That of the body* is in the form of a triangle with its base uppermost, and has a capacity of about 10 millimetres. The sound, as soon as it has cleared the internal os, penetrates this cavity with ease, and is capable of movement to a certain extent.

The oval *cavity of the cervix* is quite well figured as well as that of the body, in a plate given in Dr. Bennet's work, although, in my opinion, the proportions are impeachable, in that the cervix is too large as compared with the dimensions of the body. The cavity of the cervix is narrowed below, where is found the *os externum* which is its channel of communication with the vagina. A still more marked contraction exists at the point where it is continuous with the cavity of the body. This is the *os internum*, which is situated nearly at the point of union of the body with the cervix, and which is about 2 millimetres in breadth. It is always smaller than the external orifice, and may arrest a sound which has passed the latter. The sound may also be temporarily arrested even in the interior of the cervical cavity, by the valvular prominences, which are nothing else than the projecting folds which form what has been named the *arbor vite*, and which are ordinarily much more marked in women who have not borne children than in those who have.

**Sensibility.**—The sensibility of the *os externum* and of the cavity of the cervix is, in the ordinary state, null. But the passage of the uterine sound (by which especially sensibility may be developed) through the *os internum*, is always more or less painful. This orifice once cleared,

the cavity of the body appears a little less sensible. But, as soon as the extremity of the sound strikes the fundus of the uterus, females experience a peculiar indefinable sensation, "which goes to their hearts," to employ the expression which they generally use. At the same time the liability of the uterus to contract in a spasmodic manner (for they feel pains resembling those of labor, though infinitely less severe), is a new cause of the difficulty one experiences in passing this orifice.—I hasten to add, that nothing being more variable than this sensibility of the uterus, it will often occur to you to find it morbidly exalted in the points I have just mentioned as points which should be insensible.

#### EXAMINATION OF THE UTERUS IN STATE OF DISPLACEMENT.

*Definition of Displacement.*—Previously to laying before you with all the necessary details the state of the organ, the divers means of exploring it, and their utility in uterine displacements, it is necessary first to establish what should be understood by the words *displacements of the uterus*. *There is displacement whenever the axis of the uterus ceases to correspond, wholly or in part, with that of the brim of the pelvis.*

This definition, as you see, comprehends all displacements, in whatever direction they may take place, and to whatever degree they may be carried; and, as you conceive, may include very limited as well as very extensive derangements. The axis of the uterus may depart more or less from that of the brim, from the slightest divergence to such a degree as even to form a right angle in a direction the inverse of the normal one. We must now, therefore, endeavor to ascertain the point up to which these displacements may be compatible with health, and to what extent they must be carried in order to constitute a disease. This limit is very difficult to fix in an exact manner, as in certain subjects there needs but a slight divergence for the production of symptoms, while in others a more considerable displacement may pass unperceived. Meanwhile, when it has been said that considerable displacements often exercise no influence upon the health, it is my belief that the mistake has been committed of generalizing upon exceptional facts. If the uterus is supple, light, not adherent to the neighboring parts, and if, at the same time, the displacement be inconsiderable, it is possible that no marked trouble may result. Under contrary circumstances, it is very rare that a certain number of symptoms is not developed. These symptoms may not, perhaps, attract the attention of the patient, or, if they do, their cause may be unknown. One sees, for example, women to whom walking is not painful, but who, after a long promenade, are easily fatigued, and then experience a sensation of weight in the lower part of the body, lancinating pains in the loins, and numbness in the thighs. Others are subject to the same symptoms when they go up or down stairs, although walking does not fatigue them at all. Some, all the while experiencing but very slightly-marked symptoms on the side of the uterus, emaciate, become blanched, lose appetite, suffer from indigestion, and yet know of no cause to explain these symptoms. Sometimes, even, there are, in addition, particular nervous troubles and symptoms of all sorts, equally inexplicable. If, then, by an attentive exami-

nation, the existence of a displacement is ascertained, we find that by removing this we put an end to all the symptoms, and restore the patient to a perfect state of health.

I cannot abstain from citing to you, in connection with this subject, a case, which is not uncomplicated, it is true, and which presented other symptoms than those produced by the displacement, but which in this latter point of view possesses interesting peculiarities.

CASE I.—The patient was a lady, 36 years of age, of a robust constitution, who had always observed the rules of hygiene, and had committed no excess of any kind. She has had three children, and at her last confinement, which took place seven years ago, gave birth to twins at the full term. Neither have any of her labors been accompanied or followed by bad symptoms, nor has she since experienced any peculiar troubles, as menstrual derangements—*leucorrhœa*—pains in the pelvis and loins. Three years ago she commenced to experience attacks of dizziness, returning at long intervals and accompanied by considerable swelling of the stomach, with vomiting and a sense of oppression. These symptoms were followed by a transient diarrhœa, then by general prostration and numbness in the left side of the head. The patient could not move the left eye, nor turn her head to the left side without experiencing nausea and an inclination to vomit. Soon, there supervened attacks of dizziness and painful buzzing in the ears, especially upon the left side. There was no sign of paralysis. In the intervals of these attacks the general health was perfect, all the functions were regularly performed, and walking was not painful. Later, the attacks having become more frequent, the existence of numerous neuralgic points was ascertained in the lumbar region, and in the chest as well on the right side as on the left, and becoming more painful during the attacks. Then, during the effort of vomiting, there was developed on the left side of the neck, invading a little the median line, a tumor, which occupied very evidently the thyroid gland, and which was augmented at each contraction of the stomach.

When, on the 3d of December last, I saw the patient, the attacks recurred every ten or twelve days, and independently of what I have just told you, I learned, on interrogating her more closely, that she was troubled with a sense of oppression and constriction, which taking its departure from the epigastrium ascended, not to the throat but to the middle of the sternum.

She had been treated by diet and emollients with no relief, the disease having rather augmented. Later, narcotics and purgatives had produced a little amelioration.

I prescribed narcotics and antispasmodics, to which I added cold douches, and blisters dressed with morphia upon the painful points. These two last means effected a marked alleviation.

On seeing the patient again, the 17th of December, I interrogated her with still more care, upon the symptoms which might be attributed to an internal affection, and learned that she felt no pain in walking, that she could accomplish quite long distances on foot, without great fatigue, without a feeling of weight in the pelvis or on the perineum, that she was



not troubled with very frequent desire to pass the urine, though obliged to empty the bladder twice during each night, and that defecation alone was sometimes but rarely difficult.

Yet, on making a tactile examination I did not find the uterus in its normal position. The finger introduced into the vagina, and following its anterior wall, encountered, immediately behind the pubis, the globular body of the uterus, its anterior surface being easily felt, while it was not easy to explore the cervix, directed, as it was, backward and upward towards the sacrum, its mouth being so elevated that the finger with difficulty attained it. As to the posterior surface, it could not be reached at all. By making the uterus swing over by means of the finger in the vagina, I found that it was easily dislodged, but that it was heavy and quickly fell back into its vicious position. I had a good deal of difficulty in finding the os uteri, in order to introduce the sound, on account of the great elevation and backward direction of the cervix; but once having reached the opening, I easily passed in the instrument by carrying the handle well downward and backward. The patient felt no pain from this manœuvre, and the uterus was easily brought into its normal position. I inferred, then, the existence of an anteversion with engorgement of the uterus. It was not till this moment that the patient imparted to me the knowledge of an important phenomenon, to which she had not, up to that time, paid much attention. When she rose at night to void the urine, she felt in the abdomen a weight which descended in proportion as the bladder was emptied. Then she was seized with nausea, giddiness, vertigo, in a word with all the symptoms which announced the attacks of which I have spoken to you, and was obliged quickly to resume the horizontal position from the fear that one of them was about to supervene. The knowledge of this phenomenon is interesting, especially as it enables us in some sort to witness the movement which the anteverted uterus must execute in the abdomen. As it presses upon the bladder, it must, if mobile, be raised when the latter is distended with urine, and again in proportion as the bladder is emptied, its point of support failing, it must tend to return to its vicious position. It is this movement which this lady in fact very distinctly felt.

I repeated the introduction of the sound on three consecutive days, without the supervention of pain or of vaginal hæmorrhage. But, at this time, the patient was seized with a general bronchitis of a very violent character, during the course of which, the symptoms above-mentioned were re-produced with renewed intensity, so that I was obliged temporarily to suspend the treatment of the anteversion, not to recommence it till the 24th of January. After four days of preparation, by means of the sound, the stem-pessary was applied, and retained without untoward symptoms till the second of February. The menses here setting in, I removed it, and on the 10th ascertained that the uterus was much less inclined forward than on the first day, but was far from being completely re-placed in the axis of the brim. The intra-uterine pessary applied anew on the 10th, remained till the 17th, on which day I removed it, on account of the supervention of a slight distension of, and pains in, the abdomen, but without vomiting or chills. I was then able to satisfy

myself that the uterus had entirely resumed its normal direction, which condition it has maintained ever since, the attacks above described becoming less severe and less frequent. This lady has been able to take a journey of a month's duration, without experiencing any recurrence of her troubles, and since her return to Paris has been menaced with them but once, the attack limiting itself to the first symptoms, which were promptly dissipated. She rises but once at night for the purpose of micturition, and has remarked that she no longer feels the descent of the heavy body during the voiding of the bladder.

If we reflect upon the series of symptoms presented by this patient, we cannot avoid recognizing hysteria (and you know how varied are its phenomena), characterized by the sense of oppression, of distension of the stomach, the vomitings, the painful numbness entirely confined to the left side of the face, the constriction which ascends from the epigastrium to the top of the sternum, in a word, by all those extremely varied nervous phenomena, the combination of which constituted each attack. On the ground of the dizziness, of the pains in the head affecting more especially two organs of sense—the eye and the ear—and accompanied by vomiting, the supposition of a cerebral affection might have been entertained. But, there never was a symptom of paralysis, and in the intervals of the attacks the health was always perfect, and the strength intact. If some cerebral affections, as tubercles, hydatids, or other tumors, offer alternations of remission or renewal, never, in the intervals, is the health as good, nor is the strength regained, and there remains in the affected limbs either paralysis or a sensation of numbness which in our patient was but transient. In these cases, moreover, the attacks, at each renewal, have an epileptic character, which they had not in our case, and the malady is always incurable.

Hysteria, as you know, gentlemen, is so frequent in persons affected with uterine diseases, that very competent authors have regarded it as actually an affection of the uterus betraying itself externally by nervous symptoms. We have then to inquire what influence displacement of the uterus may have exercised in this case on the production of hysteric phenomena. This influence is real, and the more incontestable, that once the displacement cured, we have seen the nervous symptoms diminish rapidly in intensity. If they have persisted to some extent since, it is perhaps because there remains still a certain degree of engorgement of the uterus to which they could be referred. They might also have been re-produced through habit, for we have in this one of the principal characters of hysteria, that it does not completely disappear till quite a long time has elapsed. We cannot as yet say that recovery will take place, and still less that it will be definitive and complete, but we may, after what has already occurred, hope for a great modification in the intensity and frequency of these symptoms.

I could cite to you other facts to prove that it is sufficient to interrogate patients and examine them with care to obtain a report of many symptoms to be attributed to uterine displacements, even when these diseases do not present themselves with the whole train of symptoms which habitually accompany them; but we will recur to this point in the course of these lectures.

## EPIDEMIC OF 1852-53 IN NEWTON AND VICINITY.

BY EDWARD WARREN, M.D., NEWTON, MASS.

[Continued from page 254.]

CASE IV.—The infant child of the patient last mentioned, was taken charge of by Mrs. ———, in whose house she boarded. For about a fortnight it continued in good health. It was fed, I believe, principally upon a solution of seed-cake in water, or milk and water, which seems to be preferred by some mothers or nurses here, to milk or cream.

January 8th.—I was called to visit this child, who seemed to be in great distress. I learned it had been carried into Boston two days before in the cars, but had suffered no exposure. It was now seized apparently with colic pains in the bowels, which subsided and returned, allowing intervals of rest. Thinking it possible that its food had distressed it, I gave an emetic, followed by an enema, and had a sinapism applied to the bowels. This seemed to give some relief; and I followed it by one or two drops of laudanum, once in three hours.

9th.—My attention was called to a birth-mark which I had previously seen, and had found somewhat raised above the surrounding skin. A tumor had now formed, of which this was the surface or covering, and had the appearance of a common circumscribed scrofulous swelling. I directed bread and milk poultices to be applied to it, and these seemed to give great relief. My additional prescription was Dover's powders three times a-day, and a wet nurse.

In a day or two the abscess opened and discharged; and soon after the slough or core came out, leaving a tumor with a hollow centre, precisely like the pustules or tubercles which I have spoken of above. From the time the discharge commenced, it showed no signs of pain. A wet nurse being obtained January 15th, it nursed very heartily and began to thrive.

18th.—She was removed with her nurse to a house about half a mile distant. In the evening I was called to visit her in haste, and found her in spasms. It was particularly noticed that while she kept her right arm in constant motion, the left arm, upon the side of the tumor, seemed to be palsied. She was entirely voiceless. I administered syrup of ipecac., a warm bath and sinapisms. Under this treatment she recovered, and began to move the left arm again; showing that everything like paralysis had disappeared. In the course of the night, however, a similar attack came on, and she died towards morning. There was considerable swelling of the bowels, and a purple appearance of the left side after death. The abscess had nothing malignant in its appearance; the lips were soft, and it was entirely superficial.

CASE V.—Jan. 9th, the day after this child was seized, a lad in the same house, about 12 years of age, was attacked pretty violently in a manner resembling the attacks of the preceding season. He had severe chills, nausea, very red cheeks; but cold hands, pulse slow and languid, and tongue thickly coated. Severe pain in the head. I gave him an emetic of ipecac., followed by Dover's powders.

The next day I found him much better; and in a day or two he was quite well.

CASE IV.—Mrs. ———, the mother of the preceding patient, who had encountered a good deal of anxiety and fatigue in her attentions to the mother and child above mentioned, went in to Boston on the 13th of January, in the midst of one of the severest snow-storms of the season, and walked about much of the day in the deep snow, in search of a wet nurse.

On the 14th, I found her quite ill in bed. She complained of pain in the side, nausea, headache, &c. She informed me that she could not take ipecac. in any form, neither as an emetic or in Dover's powder. She proposed to take a cathartic of senna and salts. I recommended compound infus. of senna, as milder in its effects; and also a blister to the side. To the latter she objected, as the pain, she said, was entirely "muscular"—meaning, probably, that it was not pleurisy. She took the compound infus., and one of James's powders with a little opium at bed-time.

On my visit the next morning, she came up from her kitchen, where she had been superintending the cooking, and preparing paste for pies. She continued to go about house until Tuesday, the 18th, when she again sent for me. She had now pain in the right side just below the ribs, tongue coated with a thick white fur, extremities cool, pulse not much accelerated. On a preceding day, she had called my attention to the redness of her cheeks. There was at that time a flush of hectic appearance in one cheek only. It was very transient in its duration. I prescribed a blister to be applied to the seat of the pain, and a febrifuge of paregoric, antimony and nitrous ether. By her own prescription, she took a blue pill at night, followed by a laxative in the morning.

On Wednesday, the 19th, I found her very much the same. Her muscular strength seemed good, and her voice strong and natural. She took notice of everything passing in the house, and laughed when any ludicrous idea was suggested. Her manner, however, was quick, and slightly excited; and she complained that her ideas were not clear.

20th.—Finding that the pain had returned, I prescribed an opiate and warm fomentations to the bowels. She complained of fulness and sinking at the stomach, and some wandering pain in the limbs. The symptoms, with the exception of the white tongue, were now decidedly those of enteritis. She considered herself so unwell that she sent for Dr. Perry, of Boston, who had always been her family physician, to meet me in consultation. He did not arrive at the time expected, and I was sent for to see her alone. I found her, at the time of my visit, much as in the morning. She was at the time composed and quiet, pulse not much accelerated. She complained of an increase of pain and distension in the bowels. I recommended warm applications, and the free and repeated use of laudanum by the mouth or injections, until the pain entirely subsided. I advised her to take no other medicine; no peppermint, spirits of nitre, herb tea, or anything of the kind, but to trust entirely to the laudanum. Her previous uneasiness had led her to take various doses of that character. I advised her to keep the stomach empty.

Dr. Perry arrived in the evening, about three hours after my visit. I was prevented, by my engagements, from meeting him. On his first glance, he probably saw something to alarm him. He found her at his visit restless, tossing in the bed, pulse over 100, tongue dry and dark red. On examining, however, he probably found no very tangible symptoms, answering to his first impression; his opinion, as related to me in the morning, being that he feared either incipient inflammation or typhoid fever. He simply enforced my prescription of the use of laudanum, and of entire rest. He subsequently informed me that he considered her too much reduced by fatigue and anxiety, to advise any active measures; and that the inflammatory character of the disease of course prohibited tonics and nourishing diet.

21st.—I found her much better. The laudanum had given relief to the pain, and she had passed a good night. In the afternoon, however, the pain returned, and she sent for me again. I advised a repetition of the laudanum.

22d, Saturday.—I found her alone, and still in pain. Her night had not been so good as the preceding. As in the case of the other lady (Case III.), there was fulness of the abdomen, but no pain on pressure. On endeavoring to show where its seat was, it would shift its place or disappear. She had free perspiration. Tongue covered with a thin brown coat. Although there was no definite change in the symptoms, her general appearance, for the first time, seriously alarmed me. Her voice was strong, and her mind clear. She not only took charge of herself, but even of her family, giving directions, and listening to every sound that was made. During the whole course of her disease, she was cognisant of everything that took place in her house. She was her own nurse, and, in fact, almost her own physician. Whether from necessity, or from the restlessness of disease, she changed her room several times during her illness.

I now wished for a consultation with Dr. Perry; but unwilling to propose it to her, I concluded to wait for the return of her husband from Boston. As she had now been for some time without alvine evacuation, I prescribed an injection of gruel, to be followed by a gentle opiate; also hot applications to the abdomen.

In the afternoon I found her not relieved; the injection had been imperfectly administered, and had possibly worried her; at least by the necessity of directing and superintending its administration herself. It was considered too late in the day, to send for Dr. Perry; and as I had proposed the consultation for my own sake rather than the patient's, I did not urge it. It is a pretty old saying that "in the multitude of counsel there is safety—for the physicians."

Sunday morning, Jan. 23d, I found her again in a different chamber. She expressed herself greatly better—almost well; but her voice was broken and interrupted, pulse almost imperceptible; her attitude in the bed, and whole appearance, of the most alarming character.

Dr. Perry was sent for, and I met him at 2 o'clock; but the patient was now *in articulo mortis*, and died within an hour. His view in relation to the treatment I have already given—that as an inflammation,

the disease prohibited anything of a stimulating nature or very nourishing food. On the other hand, any lowering measures were equally objectionable, in consequence of her previous exhaustion. The disease commenced with enteritis, and continued to evince every symptom of this disease; and if the inflammation finally extended from the mucous to the peritoneal coat, it was still an inflammation.

It is possible that could the danger of a fatal termination have been foreseen, the placing her under the care of a nurse, and the enforcement of absolute rest and repose of body and mind, would have been more favorable; but it is one great peculiarity of the present epidemic, that producing no muscular prostration, there is an uneasiness which keeps the mind active. I do not think that she ever fully complied with my opiate course, although I enforced it at every visit. At all events, keeping her mind always upon the stretch, and retaining charge of a large family, what opiates she took did not have the favorable effect which I hoped. Opiates, if properly used and regularly continued so long as required, are tonics.

Simple enteritis is a formidable and dangerous disease; more formidable than typhoid fever.

CASE VII.—Jan. 13th. I was requested to be in readiness to attend a young married lady, who had come from Boston to her mother's house in November, expecting to be confined in the course of that month. She had already gone a number of weeks beyond the time calculated, and had felt pains for a day or two; but this evening the labor seemed to be coming on in earnest. The pains left her, however, towards morning, to return again in the evening; and pursued this course for four or five days.

On the 17th, the pains showed more signs of continuing, and I was sent for in the morning. I found her sitting up, upon two chairs, with her knees drawn up; and learnt, to my surprise, that she had kept this posture for nearly a week; not even lying down at night, on account of the pain produced by a recumbent position. Since her coming from Boston, expecting daily to be confined, she had kept in a close warm room, without exercise, and upon a pretty liberal diet.

The pains were pretty irregular through the day, but increased towards evening. Delivery was accomplished towards morning, without anything remarkable occurring. She had a fine healthy-looking boy, weighing ten pounds.

There was not, however, the appearance of relief which generally attends the instant of delivery. The patient lay in a motionless, passive state, perfectly conscious, and showing no signs of exhaustion or faintness; but not speaking or moving voluntarily. Her countenance had a mottled, rather bloated look, neither flushed nor pale. From the family constitution, I had expected excessive flowing; but there was much less than is usual. After the birth of the child, the uterus did not contract, and the size of the abdomen remained nearly the same as before.

On attempting to assist the expulsion of the placenta, I found the cord too feeble to be of any use, and attached so high up, that I could not

reach its origin with my finger. After several futile attempts to excite uterine contraction, I judged it better to delay for a short time longer. At the end of an hour I examined again, and finding the womb still dilated and perfectly passive, I introduced my hand and removed the placenta without difficulty, and without more pain than attends its ordinary expulsion.

Finding it still impossible to produce contraction of the uterus by gentle measures, friction, &c., I abandoned the attempt, and left her under the care of a skilful and experienced city nurse. As there had been and was no flowing, and no urgent symptoms, I did not think it advisable to give ergot, or to employ any active measures. I considered it safer to leave the case to nature, than to take it out of her hands.

19th.—On my morning visit, I was informed that she had passed a bad night. The abdomen had been very much distended. She had severe chills, and had passed a large amount of coagula. The nurse had given her gin for the chills, and applied spirit to the bowels. The tumefaction she informed me was much less than it had been. I found her comparatively comfortable. Her pulse was of sufficient fulness, and not accelerated. The abdomen less full than yesterday, with no greater tenderness than in the most favorable cases. She perspired profusely. Her voice was hoarse, but this was attributed to a cold taken before confinement. She lay on her back, with her head low, knees drawn up; very restless. I advised warm applications to the bowels, and liquid extract of valerian, a teaspoonful every four hours.

20th.—Has passed a bad night. There has been some wandering of the mind, and extreme restlessness. I found her, however, calm and perfectly rational. The abdomen is still greatly swollen, but by the nurse's report less than it has been in the night. The pulse is not accelerated, and there is no more tenderness of the bowels. She continues to perspire profusely. I directed a dose of castor oil, and the continuance of the valerian and fomentations.

21st.—She had again passed a very restless night. The tumefaction of the bowels, however, was less, and there were no bad symptoms. The oil had operated well. She continued to perspire profusely. I now prescribed laudanum, which I had avoided before for what I considered strong reasons.

Up to this time, there was nothing alarming in the symptoms. Some appearances had occurred of an unfavorable character; but there was nothing, upon strict examination, of a very threatening aspect. I always found her perfectly rational, the pulse not accelerated, the skin always very moist; the voice, though hoarse, strong. Upon careful examination of the bowels, there was little tenderness upon pressure. At the time of my visits, she appeared free from pain. In fact, all the symptoms of inflammation which I looked for were absent.

At my evening visit this day, Jan. 21st, I found her worse; the dyspnoea was considerable, and there was a cadaverous smell. This, though remarkable in fatal cases, is not an infallible prognostic. I have frequently noticed it in patients who recovered. The smell may proceed from the discharge of putrid coagula, or other substance. It by no



means necessarily implies general gangrene. At this visit I of course found considerable cause for alarm.

I was called to her again about 11, P.M. The nurse thought her very much worse, and could find no pulse. When I arrived, a re-action had taken place. Her pulse was about 80, steady and regular. The dyspnœa had increased; but her mind was clear: and on being asked about the difficulty of her breathing, she attributed it to a cold; and she could even smile in answering my questions. I must confess that I felt very strongly encouraged by her appearance even at this time.

About three hours after, I was again called to her, and now found her really pulseless, and unable to speak. She soon became unconscious, and died within an hour. The surface of the body became purple, and the abdomen was enormously distended.

The day after the death of this patient I was called to her infant, which I had not seen for several days. As the mother had no milk for it, a wet-nurse had been obtained, and it had nursed well. I was informed that it had been apparently ill for two or three days, and the monthly nurse had observed from the first a peculiarity in holding one arm, which was now found to be motionless. The child was dying when I was called to it; the whole surface of the body purple. It died within an hour.

At the time the death of this lady occurred, there was no epidemic of any kind within my circuit. I had not seen any avowed case of erysipelas for some time, either in the form of tubercle, so prevalent here at most times, or in any other. In the adjoining town of Natick, it was quite prevalent. The patient herself, and one or two others of the family, had frequently suffered severely from inflammation and swelling of the tonsils, but I had never considered it of an erysipelatous character. In this immediate neighborhood, three very severe cases of uteritis had occurred at different times some years since, which I reported for this Journal, all which terminated favorably. No case of diffuse puerperal peritonitis had ever occurred. In Case No. III. the symptoms of pleurisy were the only prominent ones. Some circumstances struck me as anomalous at the time; especially the rapid and fatal issue of the disease, while those symptoms wore a favorable appearance; but deaths from pleurisy only, are often as sudden. The subject of Case III. resided at some distance from the patient last mentioned, and died Dec. 10th. This one was confined Jan. 18th, five weeks after. But when another fatal case occurred in the very house where the patient No. III. had died, comparing the peculiar symptoms of the three cases, and also those of the infants, there could be no doubt as to the nature of the disease. The first patient died Dec. 10th; her infant was attacked Jan. 8th, and died Jan. 19th; the second one was first attacked Jan. 14th, and died Jan. 23d. The third patient was confined on the 18th, and died on the 21st; her infant upon the 22d. The subject of the first case reported, died Jan. 16th.

Thus all these deaths, except the first mentioned, took place within eight days of each other. The weather at the time was warm for winter, the ground covered with snow, but melting, and there were frequent rains, a particularly violent rain Jan. 23d. The weather, Dec. 10th, was pretty similar.

It is worthy of notice, also, that the two severe cases of erysipelas which I reported some years since, were sporadic, occurring in different years, and that none others occurred at the same time. So also with the erysipelatous pustule; it is rare to find more than one case in the same family, though certainly highly communicable by actual contact, if not from the breath and emanations.

[To be continued]

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#### PROSECUTION FOR MAL-PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

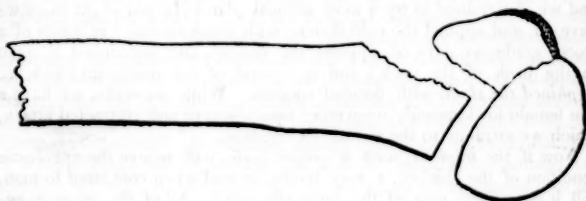
THE Supreme Court of Massachusetts were occupied, last week, in trying an alleged case of mal-practice, of unusual interest. A summary of the evidence is as follows:—

A healthy boy, by the name of Ashworth, 10 years and 3 months old, had his left hand drawn into the picker of a woollen mill, the consequence of which was several severe wounds of the hand and a simple fracture of the radius, midway of its length, with a lacerated wound over the place of fracture, but probably not communicating with it. Dr. Joseph Kittredge, of Andover, was called to the case, and dressed it, in the usual manner, with sutures and plaster for the external wounds; and a bandage, secured just above the elbow, compresses and splints for the fracture. This took place in the forenoon of Friday, Nov. 21, 1851. No pain, nor loss of sleep or appetite, occurred till Sunday morning, Nov. 23d, when he complained of a little aching in the shoulder. The prick of a pin in the thumb and back of the hand, gave reason to suppose the sensibility was diminished, but not lost. During the latter part of Sunday night he was restless, and had more pain at the shoulder in the morning. Between 3 and 4 o'clock, Monday afternoon, he was again visited by Dr. Kittredge, who found vesication at the uncovered elbow, and, on cutting off the bandages, the arm, destitute of sensation, mortified from the shoulder downward. The dressing was removed, a consultation called, and a fatal prognosis pronounced. The father continued the opiates, cordials and fomentations ordered by the physicians, but of his own accord, at the suggestion of advising neighbors, kept the shoulder and neighboring part of the trunk and the arm wet with brandy and salt, which he also administered internally. On Tuesday considerable ecchymosis of the shoulder and neck was observed, and some vesications on the trunk. On Thursday, sixth day of the accident, a line of demarcation appeared at the shoulder; and on the 21st day of the accident, the father removed the arm from the scapula by separating the dead from the living parts with a feather. The boy went into the country, where, on dressing the shoulder, the physician found the head of the bone loose in the glenoid cavity, and removed it. The skin cicatrized over the part, and the boy recovered. The fragment of bone was produced, and was found to be formed of the articulating surface and a portion of the shaft of the humerus.

Several physicians were put on the stand, to give opinions in the case,

as to the causes of result, and whether proper care and reasonable skill had been shown in the treatment of the case. On the part of the prosecution, Dr. I. D. Pilsbury, of Lowell, testified to the opinion that all the symptoms were caused by too tight bandaging—that dressings of a fracture should be removed to examine it sooner than the fourth day—that the pulse of the injured limb should always be examined to determine if the artery pulsated—that constitutional remedies should be used to prevent injurious symptoms—that there was no necessity for carrying the bandage above the elbow—that he should expect pain in the shoulder from too tight bandaging of the fore-arm. Drs. Hayward, Townsend, H. J. Bigelow, Ainsworth, of Boston; Dr. Kimball, of Lowell; Drs. Loring and Peirson, sen., of Salem, testified to the opinion that proper care and skill in the treatment of the case had been shown by the defendant, and that too tight bandaging would indubitably produce pain, which, in a few hours, would become intolerable, and that it was impossible that the bandaging in this case should have caused the gangrene. They unanimously swore to their belief that the plugging of the artery, which must have taken place at the axilla, caused the gangrene by arresting the flow of arterial blood into the arm. Dr. Peirson alone was of opinion that a fracture of the articulating head of the humerus caused an injury to the artery, in consequence of which plugging followed. His opinion was founded on these considerations:—

1. The appearance of the bone and its place of separation. The bone was separated at its cervix through one half of its diameter, and the rest of the separation was below the line of the epiphysis, through the radial or external tubercle, according to the following outline.



2. The fragment of bone, thus removed with the articulating surface appeared rounded off, as if by absorption, while the shaft of the bone remained as it would have appeared immediately after the fracture.

3. Twenty-one days was probably a shorter time than would have been required for living to have thrown off dead bone, or sooner than it would have been separated by the process of decomposition. The separation of the ulnar, carpal epiphysis, which was exhibited to refute this theory, proved nothing, as it was found to be separated only after the arm had been preserved in spirits for eighteen months.

4. The ecchymosis at the neck and shoulder appeared about the time it was to be expected, as the result of distension of the soft parts which probably occurred after the fracture, which was not suspected, not being

denoted by any pain, the fragments being kept in apposition by the short muscles attached to the shaft of the bone, and by the tendon of the long head of the biceps passing over the upper fragment.

Whether or not this hypothesis explains the cause, the medical testimony, with the exception of that of Dr. Pilsbury, was agreed in assigning interruption of arterial circulation at the axilla as the cause of the gangrene. Notwithstanding this remarkable accordance, the jury gave an award of damages to the amount of \$1675. The defendant petitioned for a new trial, on the ground of the verdict being contrary to the evidence.

P.

Salem, April 25, 1853.

#### TREPHINING IN APOPLEXY AND INFLAMMATION OF THE BRAIN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—From some experiments upon the gallinaceous tribe, this week, in cerebral hemorrhage and inflammation of the brain, we are inclined to think the trephine worthy of a suggestion in similar diseases in man, and we will give you the reasons for our faith, and leave yourself and readers to your own deductions. In this region of country we have a disease among our fowls, well known to the old matrons of the land, as distemper, but it is really nothing more nor less than a disease of the brain, of an apoplectic or inflammatory character, which is proved by dissection as well as the symptoms. We have had it among our fowls for several years, and as we appreciate our poultry very highly, we tried a variety of means, upon the old woman's plan and our own, for the cure of it, and with passing mortality. This season it attacked our fowls again, and we determined to try a more rational plan. In our slight cases we gave oil, and applied the cold douche with some success; in cases of a worse grade, we gave oil, applied the douche, and introduced a seton in the back of the neck; and in several of our malignant cases, we trephined the skull, with decided success. While we write, we have a fine female fowl speedily recovering from a severe and protracted attack, which we attribute to the use of the trephine.

Now if the trephine, with a simple knife, will relieve the apoplectic condition of the chicken, a very tender animal when compared to man, will it not relieve man of the same affliction? All of the great experiments to elucidate the functions of the nervous and other systems, have been performed upon inferior animals, and why should not this be equally legitimate? We performed the operation in several cases, with decided success when we least expected it, for it was a dernier resort with us. Some of the cases operated upon did succumb, and we attribute it to the late hour of the operation. The matter was entirely an accidental occurrence in our hands; but the analogy is so strong, that we cannot resist the inclination to place it before the profession, for further discussion. Some may object to it, on account of its harshness. We reply, nothing is too harsh to protect human life, if no other means will succeed. If arsenic will cure gastritis, and we know it, we will adopt it; and so with everything else. We are an eclectic; and if farther experiments will confirm

the position we assume that trephining will relieve or cure apoplexy and inflammation of the brain, we shall be one of the first to adopt it, whenever a proper case presents itself. We extract calculi from the bladder to keep men from dying; we cut off thighs to protect life; we excise the maxillary bones to prevent death; and the operation of *trephining* is not more dangerous than either of them. If tracheotomy will cure epilepsy, as we doubt not it will, we see no good reason why trephining should not cure *apoplexy*. We merely throw out these views to our brethren, as we are no "*wild enthusiast*;" and we hope every man in the brotherhood will give them a calm and candid reflection; remembering they are only suggestive upon facts observed in the *chicken* tribe. We shall continue to operate, as cases present themselves to us, and if we find our opinions further corroborated, or not, we will inform the fraternity of it, for we report our cases without regard to success or fatality.

Respectfully, H. A. RAMSAY.

Thompson, Geo., April 18, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 4, 1853.

*Drug Inspectors.*—Some of our ports of entry are thought to have been poorly guarded against the introduction of worthless drugs and medicines. Many leading members of the profession advocate a grand sweep of the whole body of inspectors, from Eastport in Maine, to New Orleans. A new administration has an undoubted right to place its political friends in the various desirable offices. Many of the present drug inspectors stepped into places from which very respectable incumbents were removed, on account of their politics; and hence it is reasonable to suppose that the tactics practised by those recently in power, will be copied by each succeeding dominant party. However, on that subject there is not a word to be said here. There have been some poorly qualified individuals put into commission. Originating, as the law of drug inspection did, with the physicians of the United States, represented in the American Medical Association, the inspectors should have been taken from their ranks. Instead of having accomplished, learned men, some of the first set selected by the Secretary of the Treasury were taken from wholesale drug shops, without possessing a single preparation for a post of such importance, beyond knowing the ordinary routine of buying and packing. There were people behind the screen who provided well for their friends and favorites. Wherever an incompetent inspector is found, the sooner he is removed the better. Those best qualified are fairly entitled to the positions. Life and death are somewhat connected with this branch of the revenue service, which demands intelligence, tact and science. Some individuals are also clamorous for a change of medical incumbents in the Marine Hospitals in the various ports of the United States. Rotation in office is the doctrine of the day, and public medical men must therefore take their turn, and retire without complaining.

*Throat and Uterine Diseases.*—How is it to be accounted for that so many people have ulcerated throats? Practitioners in former times were rarely consulted upon any difficulty in that region, beyond enlargements of the tonsils in young persons. But now-a-days, throat patients are numerous indeed—so much so, that the treatment of them has become a distinct branch of professional business. They are perpetually hurrying here and there over the railroads, for the advice of somebody they have heard of who has gained particular distinction on account of his successful treatment of such cases. There must be a direct cause for this wide-spread and increasing malady. Anthracite fires, high-seasoned food, bad water, imperfectly ventilated houses, close sleeping rooms, thin shoes, tobacco, coffee, artificial wines, and numerous other instrumentalities, have been by turns accused, but finally exonerated from having anything to do with the generation of these various conditions of the throat. Therefore the field is open for further investigation.

But another equally perplexing difficulty has arisen in the domain of medical practice, quite as anomalous, viz., variously diseased conditions of the uterus. Has the climate undergone any changes within the last half century to have affected the health of women in this manner? Either this class of sufferers were entirely overlooked formerly in New England, by the generality of practitioners, or some new cause is operating. From the multiplication of these cases, the treatment of them to some extent has become a specialty. Ladies go great distances for the assistance of those whose names are abroad as successful in restoring unfortunate female sufferers to health. A close study of distinct classes of disease, is fast leading to a subdivision of professional labor. In cities, fifty years hence, the ancient Egyptian system will probably be established—and there will be physicians, as the historian expresses it, for the eye, for the ear, for the mouth, and so on.

A discovery of the cause or causes of the increased prevalence of these two diseases, would lead to happy results. While no satisfactory explanation can be given of their origin, uncertainty in regard to the proper method of medication must characterize the best directed efforts.

*Medical Association of Alabama.*—There is a massive appearance to the volume just published of the transactions at the sixth annual meeting of this association; and the contents are eminently worthy of examination. They have the art of persuading the members to contribute liberally, at the south, to the archives of their societies. In medical topography, southern gentlemen have rendered excellent service to the scientific literature of the country. The last gathering of the thrifty State Association of Alabama was at Selma, in December last, commencing on the 13th, and terminating in the evening of the 15th. Instead of hurrying through the secular business, reading papers, choosing officers and dining sumptuously, all in the same day, a rational course is adopted in Alabama, if no where else, of taking ample time for cool deliberation. Dr. A. Denny, of Sugsville, was elected President; Dr. Lopez, of Mobile, Orator; and Drs. N. Bozeman, of Montgomery, and R. Miller, of Mobile, Recording Secretaries. A diffusive energy is perceivable in the records, that will be felt remotely. Every practitioner can do something towards promoting the respectability and progress of medical science within the jurisdiction of the society; and a pleasant duty it must be, according to the present published document. Drs. W. H. Anderson and Geo. A. Ketchum's report on the

diseases of Mobile, and Dr. Crawford's account of the diseases of Centreville and vicinity, are able, but brief performances. Changeability of disease, by W. Taylor, M.D., of Talladega, and the essay on the summer and autumnal fevers of South Alabama, by I. H. Anderson, M.D., of Sumpterville, are, however, the gems of the publication. Both of them might be greatly enlarged, and sent forth as distinct treatises, for the instruction and guidance of young practitioners. We do not feel at liberty to occupy more space in expressing the gratification derived from the transactions of the Alabama faculty, but cannot refrain from expressing the hope that their organization may long uphold the honor and dignity of the profession in that enterprising State.

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*Portland Medico-Chirurgical Society.*—Till 1850, there appears to have been no medical society in Portland, the principal city of Maine. The constitution and by-laws of the association, which was then formed, bearing the above patronymic, are drawn up with a degree of care that ought to ensure perfect harmony, while the rights and dignities of the brotherhood are protected, and all is done that words can do towards making the members respectable among themselves and respected by the great public. In the organization of these societies, it is very proper to have every regulation clearly explained; for where there is the least degree of ambiguity, some hair-splitting fault-finder makes his appearance after a while, and delights to harp upon the constitutionality of this thing and that, till the hours appropriated for mutual improvement are frittered away in profitless discussions of no earthly value to any body. A plain, comprehensible instrument may always be understood, and we are happy to perceive that simplicity and fairness characterize the constitution under which the profession of the enterprising city of Portland have united.

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*Easton Medical Institute.*—A private medical institution is working its way into public confidence in the State of Maryland, in the beautiful town of Easton, under the charge of C. C. Cox, M.D., one of the faculty in the Philadelphia College of Medicine. An inducement for a pupil to enter this school, is economy in tuition and board. Charming scenery, refined society, a choice library, good apparatus, thorough instruction and a bland climate, are also among the considerations that might influence a full school of applicants to take up their residence with Dr. Cox.

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*Transactions of the American Medical Association and of the Kentucky Medical Society.*—The Transactions of the American Medical Association, in a large and well-printed volume, and the Transactions of the Kentucky State Medical Society, also got up in a very creditable manner, have been received from the publishers. The former is a document of general interest to the profession throughout the country, and should be extensively circulated. The latter is more local in its character, but every article in it is of practical value, and some of the Reports by the committees are the results of deep research and careful observation. That of Dr. Gross on Surgery, occupying nearly 200 pages, is elaborate and complete, every branch of that department of medical science, especially as connected with Kentucky practice, being taken up and analyzed.



*Medical Miscellany.*—A woman in Wisconsin became insane from excess of joy at receiving an unexpected supply of food for her starving family.—A child, not four years old, is insane, and in the Lunatic Hospital at Harrisburg.—No. 5 of Tully's Pharmacology has been received.—The March No. of the New York Dental Recorder is well sustained with original articles.—A new Homœopathic Hospital has been opened at Doncaster, England.—The Philadelphia Journal of Homœopathy says, "we are neither exclusive advocates of high or low potencies."—The population of Lexington, Ky., in a sexual point of view, is singularly divided, there being 2,756 males and 2,755 females.—Dr. Daniel Blair, Surgeon General of British Guiana, has discovered that belladonna has no efficacy as a prophylactic in yellow fever, as he at one time supposed.—By taking Pegu, the British are able to send opium into China without any interruption, by land.—Dr. Robert J. Breckenridge has been appointed Surgeon of the Marine Hospital, New Orleans, in place of Dr. Powell; and Dr. J. N. Hughes, in place of Dr. M. Pyles.—A man recently died at Clarksville, Georgia, by bleeding at the nose. He expired on the 6th day.—Smallpox is prevailing at New Castle, Henry Co., Indiana.—A female slave, found dead in the bed at Louisville, Ky., was found to have a fatty formation in the heart, between the right auricle and ventricle, that obstructed the circulation.—Dr. Daniel Lee, of the Patent Office, Washington, is to deliver an address before the Agricultural Society, in Franklin Co., Mass., Oct. 7th.—Dr. Boykin has been appointed U. S. Naval Store-keeper at Norfolk, Virg.—A newspaper, under the title of "The Health Journal," has been commenced at Syracuse, N. Y., which appears to be an emanation from the Eclectic School.—Preparations are making at the various travelling places in the United States for the accommodation of vast multitudes of "well invalids."—The annual meeting of the Mass. Medical Society will be held in this city, Wednesday, May 25th.—Dr. Lewis A. Thomas has been appointed Postmaster of New Haven, Conn.—Dr. John G. Dunn has become editor of the Register, Virginia.—A coroner held an inquest over a skeleton, found in a box on its way to Dr. A. Davidson, Huntington, Indiana, in the care of Adams & Co.'s Express.—Dr. Barrett has been elected treasurer of the Savings Bank, Northampton, Mass.—It is stated that eighty American seamen, eighteen captains, ten mates, and as many more foreigners, have died during the past nine months, at Port au Prince, from yellow fever.—Violet Proctor, a female, died in the almshouse, New Bedford, Mass., at the great age of 108 years.—Yellow fever has again broken out frightfully, at Kingston, Jamaica.—Cholera is prevailing near Gaston, N. C.

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ERRATUM.—In No. 12, on page 232, 10 lines from the bottom, for "observations," read "reports of cases."

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DIED.—Dr. G. W. Baskin, of Mercer, Pa., assassinated. Some one in the dark, as he was returning home and about entering his house, stabbed him with a bowie knife, so that he died as soon as he entered the door.—On the passage to San Francisco, Edward W. Gleason, M.D., of Boston.—At East Hampton, Mass., Dr. Solomon Chapman, 46.—At Bethany, Conn., Dr. Jehiel Castle, 82.

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*Deaths in Boston* for the week ending Saturday noon, April 30th, 75. Males, 38—females, 57. Accident, 1—inflammation of the brain, 2—disease of the brain, 1—congestion of the brain, 2—bronchitis, 2—consumption, 10—convulsions, 1—croup, 3—cancer, 2—diarrhoea, 1—dropsy, 2—dropsy in the head, 4—drowned, 4—debility, 1—infantile diseases, 5—puerperal, 1—erysipelas, 1—fever, 1—typhus fever, 2—scarlet fever, 4—hooping cough, 1—hemorrhage, 1—inflammation of the lungs, 9—congestion of the lungs, 1—marasmus, 1—mania, 1—old age, 4—pleurisy, 1—palsy, 1—peritonitis, 1—inflammation of the stomach, 1—teething, 1—tumor, 2.—Under 5 years, 30—between 5 and 20 years, 4—between 20 and 40 years, 20—between 40 and 60 years, 14—over 60 years, 7. Born in the United States, 52—Ireland, 14—England, 4—Scotland, 2—British Provinces, 2—Germany, 1. The above includes 13 deaths in the city institutions.

*University College Hospital.—Death from Chloroform.*—On Tuesday last Mr. Wakley held a lengthened inquiry relative to the cause of the death of Caroline Baker, an unmarried woman, aged 28 years, who died in University College Hospital from the effects of chloroform. The inquest-room was crowded by medical gentlemen and others anxious to hear the particulars of the catastrophe. Mr. J. H. Gould, physician's assistant, deposed that on Friday night, the 18th inst., deceased was admitted into the hospital, suffering from sloughing ulceration of the labia and vagina. Mr. Erichsen, one of the surgeons to the hospital, directed Mr. White, the acting house-surgeon, to apply nitric acid to the sores. Accordingly, on Saturday morning, Mr. Gould, the physician's assistant, and Mr. White, proceeded to prepare the patient for the application of the acid; Mr. White, as is the custom on such occasions, first administering chloroform to the patient, Mr. Gould being in readiness to apply the acid. The chloroform, supposed in the first instance to be about a drachm, was poured on lint about five inches square, and folded four or five times over. After a short time the patient became restless, talked loudly, and threw about her arms. Soon afterwards a partial relaxation of the limbs took place, and she became insensible and pulseless. Witness, fearing a fatal result, sent for Mr. Clover, the resident medical officer. Artificial respiration was kept up, galvanism applied, and everything done to resuscitate her, but in vain, as she sank and died.—Mr. Clover corroborated the previous witness, and stated that, although not a qualified practitioner, Mr. White was fully capable of administering chloroform, and that he had only followed the usual practice on such occasions. During four years, chloroform had been applied in 1600 instances in University College Hospital, with but one fatal case occurring. The quantity of chloroform administered was at the option of the operator, and generally averaged from half a drachm to a drachm at the commencement. Professor Erichsen performed the autopsy, and found a fatty degeneration of the heart, and also that the death was produced by a paralysis of the heart from the influence of chloroform. The unfortunate affair was purely an accident, for which no one was to blame.—Dr. R. Quain concurred in Professor Erichsen's opinion, and added that portions of the heart having been handed to him by that gentleman for examination under the microscope, he had found that organ, particularly on the right side, in a state of fatty degeneration. The Coroner summed up, and commented on the great caution that should be used in the administration of chloroform. The jury retired, and, after a brief deliberation, returned a verdict, "that the death was caused by paralysis of the heart, produced by the influence of chloroform, casually, accidentally, and by misfortune." The foreman stated that it was the unanimous opinion of the jury that a medical gentleman of experience should always be present when chloroform was administered; and Mr. Erichsen promised that on all future occasions the recommendation should receive every attention.—*London Lancet*, March 26.

*Guano for Mummifying.*—From the ship Brandscompt, unloading Peruvian Guano at Leith (Scotland), there were exhumed the remains of three persons, evidently Peruvians, buried in the guano, and which had apparently not been disturbed in the process of loading the ship. It is not known when the bodies were originally interred, but the bones were all found as entire as if they had been preserved in a museum; the hair remained upon the skull, and the clothes were very little decayed.